

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**14401**

State File No. ....

**2225**

**FILED MAY 13 1953**

BIRTH NO. .... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (In this place) <u>30 YEARS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>5209 EUCLID AVENUE</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> <u>3768</u> d. STREET ADDRESS (If rural, give location) <u>5209 EUCLID AVENUE</u> <u>8</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>NELS</u> b. (Middle) <u>ARVID</u> c. (Last) <u>NYBLAD</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>April</u> <u>25</u> , <u>1953</u>				
<b>5. SEX</b> <u>MALE</u> <b>6. COLOR OR RACE</b> <u>WHITE</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>MARRIED</u>		<b>8. DATE OF BIRTH</b> <u>JULY 7 - 1886</u>			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>RETIRED ENGINEER FOR G.E. CORPORATION</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>SWEDEN</u>		<b>9. AGE</b> (In years last birthday) <u>66</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 MRS. Hours _____ Min. _____			
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>SWEDEN</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>					
<b>13a. FATHER'S NAME</b> <u>OSCAR NYBLAD</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>—</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>AUGUSTA NYBLAD</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		<b>16. SOCIAL SECURITY NO.</b> <u>321-05-7125</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>MRS. AUGUSTA NYBLAD</u> <u>5209 Euclid Avenue</u>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 months</u> <u>153X</u>			
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Adenocarcinoma - generalized</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adenocarcinoma of descending colon</u> DUE TO (c) _____				<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b> <u>March 17, 1953</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Adenocarcinoma of colon with metastatic spread.</u>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____			
<b>22. I hereby certify that I attended the deceased from</b> <u>April 24, 1953</u> , <b>to</b> <u>April 25, 1953</u> , <b>that I last saw the deceased alive on</b> <u>April 24, 1953</u> , <b>and that death occurred at</b> <u>12:30 P. m.</u> , <b>from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> <u>Robert H. Stewart</u> (Degree or title) <u>M.D. MD</u>				<b>23b. ADDRESS</b> <u>2203 E. 68th St. Kansas City, Mo</u>			
<b>23c. DATE SIGNED</b> <u>April 25, 1953</u>				<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>			
<b>24b. DATE</b> <u>Apr. 28, 1953</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Moriah Cemetery</u>		<b>24d. LOCATION (City, town, or county) (State)</b> <u>Kansas City Missouri</u>			
<b>DATE REC'D BY LOCAL REG.</b> <u>4-28-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Smith</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>1331 BRUSH CREEK BLVD.</u> <u>D.W. Newcomer Sons KANSAS CITY MISSOURI</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

*Chester K Brown*

Student Embalmer No. *476*

working under my personal supervision.

Student *Chester K Brown*

Student Embalmer

Signed

*Edward M. Strong*

Licensed Embalmer No. *4452*

P. O. Address *K.C. 44th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.